

<p style="text-align: center;"><b>XYZ ORGANIZATION</b> <b>APPEAL AND QUALITY OF CARE GRIEVANCE</b> <b>DATA REPORT</b></p>
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**APPEAL DATA**

(1) Time Period Covered: April 1, 1999 to September 30, 1999

(2) Total Number of Requests for an Appeal Received by XYZ Organization: 174

(3) Average Number of Enrollees in XYZ Organization: 88,000

(4) Total Number of Appeal Requests per 1,000 enrollees: 2

(5) Of the Appeal Requests Received by XYZ Organization between April 1, 1999 and September 30, 1999, XYZ Organization completed: 157

A “completed” appeal means one that has been resolved by the M+C organization or has left the M+C organization level.

Of those cases:

(6) “71” or 41% of the appeals were decided fully in favor of the enrollee.

(7) “86” or 49% of the appeals were not decided fully in favor of the enrollee.

(8) “17” or 10% were withdrawn by the enrollee.

Note: when the decision is not fully in favor of the enrollee, or when the decision is not completed within the required time, as specified in the regulations, the case is automatically sent to an independent review entity.

(9) For all appeals received by XYZ Organization between April 1, 1999 and September 30, 1999, 86 cases were sent to an independent entity for review.

Of those cases:

(10) “16” or 19% of XYZ Organization’s cases independently reviewed were decided fully in favor of the enrollee.

(11) “60” or 70% of XYZ Organization’s cases independently reviewed were not decided fully in favor of the enrollee.

(12) “8” or 9% were withdrawn by the enrollee.

(13) “2” or 2% are still awaiting a decision by an independent entity.

In certain situations, the M+C organization is required to process an appeal faster than usual because delay in making a decision could cause serious harm to the enrollee. This is called an expedited appeal. In many cases, it is the M+C organization that decides whether or not to expedite the appeal.

(14) Between April 1, 1999 and September 30, 1999 XYZ Organization received 20 requests for expedited processing of appeals.

Of those cases:

(15) “15” or 75% of the requests for expedited processing of the appeal were granted.

(16) “5” or 25% of the requests for expedited processing of the appeal were not granted.

## **QUALITY OF CARE GRIEVANCE DATA**

(1) Time Period Covered: April 1, 1999 to September 30, 1999

(2) Total Number of Quality of Care Grievances Received by XYZ Organization: 20

(3) Average Number of Enrollees in XYZ Organization: 88,000

(4) Total Number of Quality of Care Grievances received per 1,000 enrollees: 0.23